

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number Q62303 Confirmation Number 8442			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____		In re Application of Lahcen BENNAI, et al.			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number 09/736,298</td> <td style="width: 40%;">Filed December 15, 2000</td> </tr> </table>		Application Number 09/736,298	Filed December 15, 2000
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		For COMMUNICATION METHOD USING ONE ACCESS			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Art Unit 2462</td> <td style="width: 60%;">Examiner Rhonda L. MURPHY</td> </tr> </table>		Art Unit 2462	Examiner Rhonda L. MURPHY		
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<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) NO FEE REQUIRED - SECOND NOTICE OF APPEAL <span style="float: right;">\$0.00</span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>					
<b>CORRESPONDENCE ADDRESS</b>  Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:  <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center;"> <small>WASHINGTON OFFICE</small>  <b>23373</b>  <small>CUSTOMER NUMBER</small> </div> </div>					
<p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   <input checked="" type="checkbox"/> attorney or agent of record. Registration number 28,703   <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ </td> <td style="width: 50%; vertical-align: top;"> <div style="text-align: center;"> _____/DJCushing/  Signature  David J. Cushing  Typed or printed name  (202) 293-7060  Telephone number  December 23, 2010  Date </div> </td> </tr> </table>				<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number 28,703  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	<div style="text-align: center;"> _____/DJCushing/  Signature  David J. Cushing  Typed or printed name  (202) 293-7060  Telephone number  December 23, 2010  Date </div>
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>					
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.					